

hospitals are why we need a new system, a new system that recognizes the financial challenges and obstacles that rural hospitals face today. Without an adjustment, there may be more facilities closing. A 2014 report by the National Rural Health Association identified 283 additional hospitals at risk of closing.

Now, we saw 55 nationwide hospitals already close. An additional 283 rural hospitals around the country are at risk of closing. Ensuring that rural communities have access to the life-saving care they need is why I am introducing—and joining Senator GRASSLEY—the Rural Emergency Acute Care Hospital Act or the REACH Act.

The REACH Act aims to allow rural hospitals which are in financial distress to become a new category of hospital, called a rural emergency hospital. Here is the problem and why we need to pass the REACH Act. Under current law, critical access hospitals are classified as hospitals maintaining no more than 25 acute care beds. These hospitals rely on rural payment mechanism for Medicare reimbursements for outpatient, inpatient, laboratory, therapy services, and post-acute swing-bed services.

As the medical service industry has evolved, patients find it more and more attractive to have services requiring rural hospital admission performed in large city hospitals because inpatient services are delivered there on a more routine basis. We see more people leaving rural hospitals to go to the city hospitals because they perform these inpatient services more regularly.

The problem, of course, is that leaves rural hospitals without enough inpatient volume to cover their costs, oftentimes resulting in hospital closures. So when a critical access hospital—again, these are hospitals defined under the law as 25 acute care beds. When a critical access hospital has to shut its doors for inpatient services, it has to stop providing inpatient services, it also means the emergency care closes with it.

So now you have a hospital no longer providing inpatient services and no longer offering emergency care. But as highlighted by my hometown story—the story I just shared from the CEO of the hospital, timely access to emergency services is truly the difference between life and death. Those two young men who would have faced a terminal outcome were saved because of the availability of a rural hospital emergency room.

So when dealing with life-threatening injuries, it is critical for patients to receive the kind of health care they need, that lifesaving care to prevent the terminal outcome within the golden hour. That is something doctors and hospitals use—a term for medical professionals—meaning that hour after injury where it is absolutely critical that they receive treatment, that can make the difference between survival—if they do not receive their care during

this critical golden hour, their condition could rapidly deteriorate.

Recent statistics from the National Conference of State Legislatures found that 60 percent of trauma deaths in the United States occur in rural areas but only represent 15 percent of the overall population. So if we are talking about why we need access to rural emergency hospitals, the statistic is very clear: 60 percent of rural trauma deaths in this country occur amongst a population that only represents 15 percent of the overall population. That is a pretty dramatic number.

It is critical that we provide rural hospitals that are under financial distress the necessary tools to prevent closures for those living in isolated areas, to make sure they have the same access to emergency services. The solution is the REACH Act, a solution Senator GRASSLEY and I are working on together, to allow rural hospitals in financial distress to switch from being a critical access hospital to this new category called a rural emergency hospital.

This new category would offer reimbursement rates that are consistent with the care, needs, and capabilities of rural hospitals, but more importantly allowing them to remain open, keeping that critical emergency room service open. Now, the emergency hospital must provide emergency medical care and observation 24 hours a day, 7 days a week by onsite staff.

So we are still providing quality care, but we are allowing them to overcome the fact that they have seen their inpatient services decline, enabling them to keep their emergency services open 24 hours a day, 7 days a week, to make sure trauma patients can see the doctor and be provided the necessary medical care they need during that all-important golden hour.

The bill would also establish protocols for the timely transfer of patients in need of a higher level of care and patient admittance. The Presiding Officer and I both came from rural States, where we know—there are hospitals in our States that are facing financial challenges. There have been stories in newspapers in Colorado about the struggles some communities are having maintaining their services, keeping their doors open. But there are stories in each and every one of these communities like the story John Gardner told about those two young people in my hometown who otherwise would have had a terminal outcome but for the availability of the emergency care in rural Colorado.

So to avoid missing out on the services necessary to keep people alive, to make sure rural patients have access to care during that critical golden hour, the REACH Act provides our hospitals with an opportunity to keep health services and hospitals available across rural America—available, open with emergency care, giving troubled hospitals an avenue to keep their doors open and to keep providing the life-

saving care we all so desperately want in each of our communities, rural or urban.

I thank the Presiding Officer for the time on the floor today. I urge my colleagues to support the REACH Act. We are always reaching out for more co-sponsors in a bipartisan fashion to make sure we can do the best job possible providing health care to rural America, to urban America, and to make sure we keep these hospitals open.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

TRAGEDY IN CHARLESTON, SOUTH CAROLINA

Mr. CARDIN. Madam President, I rise today to discuss my hometown of Baltimore and the city's recovery after the civil unrest related to the Freddie Gray case. But first let me say a few words about the heartbreaking events in South Carolina. Words are inadequate to express the heartache of yet another mass shooting. Gun violence regularly takes far too many victims in Baltimore and other cities across the country, but to have a place of worship violated in such a hateful way is inexplicable.

My prayers are with the Mother Emanuel AME Church, its congregants, and the people of Charleston, SC, at this difficult time. I appreciate the Department of Justice's swiftness in opening a hate crimes investigation of this tragedy. Despite the alarming frequency of such shootings, we as a nation cannot become complacent and immune to the pain and anguish caused by these instances.

Every time a senseless shooting takes place, there should be more and more of us who shout to the Heavens in protest as loudly as we can. As parents, we have a responsibility to teach our children to focus on things that unite all people and to view differences as strengths, rather than seeds for hatred and resentment. As lawmakers, we need to move from a place of political inertia to stop guns from getting into the hands of people who use them for the wrong reasons. We have mourned too many good people—men, women, and children—to stand idly by.

I am pleased State leaders have come together for the removal of the Confederate flag from the grounds of South Carolina's statehouse. I urge the State legislature to move quickly to permanently remove this symbol of intolerance from government facilities.

BALTIMORE ACT

Mr. CARDIN. Now, as I travel around Baltimore, and particularly the neighborhoods that are trying to recover, I hear a recurring theme from constituents: They don't feel their government truly represents them and their interests. They don't feel government has fully invested in recovery efforts in